

MINUTES
PSYCHIATRIC & SUBSTANCE ABUSE INPATIENT SERVICES
TECHNICAL ADVISORY COMMITTEE

Of the Health Strategies Council
2 Peachtree Street, 34th Floor Conference Room
Atlanta, Georgia 30303
January 27, 2006 ■ 10:00 am - 1:00 pm

William “Clay” Campbell, Chair, Presiding
(via conference call)

MEMBERS PRESENT

Joel Axler, MD
Paul Hackman
Ray Heckerman
Gary Howard
Roslind Hudson
Doris Patillo
Mary Lou Rahn, B.S.N.
Robin Robinson
Wayne Senfeld, ED.S, L.P.C
Sandra Sexson, MD
Pat Strode

GUESTS PRESENT

Bill Everge, Forest
Don Fears, DeKalb Regional Health System
Lori Jenkins, Phoebe Putney Memorial Hospital
Leah Fressell, Powell Goldstein
Elizabeth Fullerton, Nelson Mullins

MEMBERS ABSENT

Brenda Reid
Mark Scott
Mary Ann Smith, RN
Carol Zafiratos

STAFF PRESENT

Richard Greene, JD
Matt Jarrard, MPA
Brigitte Maddox
Robert Rozier, JD
Stephanie Taylor, MPS

WELCOME

The Psychiatric & Substance Abuse Inpatient Services TAC meeting commenced at 10:15 am. The Chair joined the committee deliberations via conference call. He provided an overview of the committee's meeting process noting that Department staff will draft the proposed Rules shortly and expects that the committee will complete its deliberations in approximately two additional meetings. He welcomed Gary Howard to the committee meeting.

REVIEW OF REQUESTED DATA REPORTS & PROVIDER MAPS

The Chair called on Matt Jarrard to review the numerical need methodology, provider maps and other data reports that were sent to members in earlier correspondence, including the following

- Numeric Need Methodology
- Psychiatric & Substance Abuse Services by Payor Source
- Psychiatric Utilization Reports

Mr. Jarrard provided a step-by-step review of the calculation of the need methodology. He noted that the rate that is used in the calculation to project the number of admissions in the planning area (for Adult Acute Psychiatric Services) was taken from recommendations of the Graduate Medical Education National Advisory Council (GMENAC). TAC members noted that this body, in the 1980s, developed estimates of the number of physicians by specialty that would be needed for the projected 1990 U.S. population. GMENAC studies also project workforce requirements based on existing estimates of morbidity and use of health maintenance and prevention services.

Mr. Jarrard noted that the Department uses the same rate to calculate the numerical need for services for both child and adolescent patients. Members recommended that a more updated rate be used in the need methodology, though no specific recommendations were provided. Mr. Jarrard also noted that the second part of the need methodology requires that an aggregate utilization of the planning area is met or exceeded prior to the approval or expansion of services; (80% - adult; 75% - children and adolescent programs; 85% for extended care).

Committee members recommended that the Department examine utilization rates over a period of five years to see if the GMENAC rates are still useful and accurate. In the review of the need methodology, members noted that the average length of stay for children and adolescent patients seemed extremely high. Members further noted that ALOS percentages should not be significantly different between public and private facilities.

Department staff reminded members that information regarding the need methodologies of several states were provided for review and consideration. Members were encouraged to examine this material further to determine whether any of the methodologies that are used in other states would work in the State of Georgia.

Members agreed that there is a need to update the current methodology. Some members suggested that a 5-year review of utilization of private beds coupled with information about hospital diversion rates would be useful. Members questioned whether data regarding diversion rates and "actual time"

of diversion could be obtained from providers. Members also discussed how to capture such criteria as distance of diversion and patient insurance status. Members agreed that both sets of data, though important, might be difficult to obtain. Mr. Hackman volunteered to be a resource for diversion data and information and noted that the following considerations should be included in the need methodology:

- historical utilization, by fiscal year
- diversion factor
 - distance patients were diverted
- Average Length of Stay (use 5 years of data)

Department staff recognized that there are several data elements that could be captured in the need methodology that are not currently captured in the Department's Annual Hospital Questionnaire or corresponding Addenda. Department staff said that it would be helpful to develop an Ad Hoc Survey to distribute to TAC members to determine the level of data and information that is presently available. This survey would be sent to members prior to the next meeting. Data from the survey would be distributed at the next scheduled meeting. Members agreed that Length of Stay, utilization and information regarding diversion status should be primary components of the survey and should be included in the revised need methodology. Several members volunteered to serve as resources in the development of the survey instrument including the following persons:

- Paul Hackman
- Roslind Hudson
- Pat Strode
- Sandra Sexson, MD
- Wayne Senfeld, ED.S.

Some additional recommendations for consideration in the proposed need methodology include the following:

- *Joel Axler, MD* – penetration factor (i.e. 4% of youth would need a certain level of care)
- *Sandra Sexson, MD* - Surgeon General Report
(i.e.) 16-33 beds/100,000
49-73 beds/100,000
- *Mary Lou Rahn*-Utilization rates by county

Members also recommended that Georgia-specific data for all providers should be considered, including the number of diversions and observation beds.

Members said that hospital diversion status is important and would be important to capture for several reasons. They recommended that data regarding hospital diversion should be queried on a yearly basis and captured by service (i.e. child/ psych/sa and adult psych/sa, etc.). Additionally, members noted that data regarding the specific reason for diversion should also be captured (i.e. payment source, overcrowded Emergency Room (ER) conditions).

Committee members spent some time discussion whether patients receiving care from correctional facilities should also be considered in the need methodology. No final recommendations were reached.

Dr. Sexson agreed to provide some information about the Presidential Committee of the Surgeon General's Report for presentation to the committee. She also noted that she would be able to provide information about "observation" beds.

TAC members asked the origin of the state's health planning areas. Department staff noted that the state's Office of Community Affairs developed the planning areas. At the time of development they were based on many factors including transportation/travel patterns, trade area etc. These planning areas were enacted into law by the General assembly. The specific health planning areas for psychiatric & substance abuse inpatient services were developed by an earlier technical advisory committee. The use of a large number of planning areas indicate the greater need for services within smaller geographic areas; larger regions are recommended for specialized services where there may be limitations with regard to size of patient base, workforce constraints, quality issues etc. Members suggested that the map for extended care services, which is divided into three regions, could be more closely considered for all psychiatric and substance abuse services. Members discussed the possibility of utilizing one map be used for adult/children and private and public facilities. Department staff indicated that at present, public facilities are exempt from CON, as a result neither numerical need methodology nor planning area maps are relevant for state-owned facilities.

Members expressed concern about the absence of need methodology for public facilities, noting that the exclusion of these facilities provides an inaccurate determination of need for services.

Mary Lou Rahn noted that the DHR regions were condensed from 19 regions to 5 regions.

Members expressed concern about breaking the state up into small regions, given resource constraints and the lack of enough beds to support patients. Members suggested that the SSDR map seemed reasonable for all providers

Committee members made the following data requests:

- (Department) Plot all providers – put all state-owned and public providers on the same map
- (Mary Lou Rahn) – will provide a copy of map that is used for DHR/MHDDAD

REVIEW AND ADOPTION OF MINUTES OF DECEMBER 9, 2005

Clay Campbell called for a motion to accept the minutes of the December 9, 2005 meeting. The following corrections were noted:

- Pat Strode should be added to the list of members present at the meeting
- Indicate that Mary Ann Smith has replaced Frezalia Oliver
- Wayne Senfeld, Tanner Medical Center, should be deleted from "Guests Present" list;

Mary Lou Rah submitted the following recommended changes:

- Page 3, first bullet; omit "to provide planned respite"
- Page 3, fourth bullet; add "Operated by Community Service Boards and state operated; Add the following language following Average length of stay should not exceed ten (10) days, "excluding Saturdays, Sundays and Holidays

- Page 3, fifth bullet; “95% of monies must be public funds, largely state Grant-In-Aid followed by Medicaid billing for those Medicaid eligible”.

Following the acceptance of these recommended changes, the minutes were unanimously approved by the TAC.

REVIEW OF STANDARDS THAT RECEIVED COMMITTEE AGREEMENT AND REACH CONSENSUS OF OUTSTANDING ISSUES

Using the statutory and regulatory framework document, Stephanie Taylor reviewed the areas where the TAC has already reached consensus including the following:

I. When is a CON required?

- Committee members asked about the equipment and construction threshold and how the amount is determined. Department staff indicated that the current capital expenditure threshold is \$1.395 million. It is determined by the United States Department of Commerce, Bureau of Economic Analysis. The revised thresholds will be issued in April 2006.

II. Definitions – The TAC expressed agreement with current definitions, as revised at an earlier meeting.

III. (A) Need Methodology

- Numerical need methodology is to be determined- TAC will continue discussions.

Aggregate utilization in planning area

- TAC is in agreement with current standards but noted that conditions including age/sex of patient could impact utilization of facility due to constraints regarding placement of patients in 4 bedded versus 2 bedded rooms. They noted that issues with multiple bedded rooms are more prominent with children and adolescent patients than adult patients.

Exception to Need

- TAC expressed agreement with current standards

Application of General Short Stay Hospital Bed Need Methodology

- Department staff noted that a facility must meet the General Short Stay Hospital Bed Need methodology when applying for an increase in acute psychiatric beds need. Unless there is a need for short stay beds a facility cannot apply for a sub service (i.e.: psych, perinatal) bed need even if there is a need for the sub service beds. Members expressed concern about this requirement.
- Department staff noted that the TAC would not be able to change those Rules, but may be able to recommend to the Health Strategies Counsel that an exception could be created such that a psychiatric & substance abuse provider would not be required to address the bed need requirement of the General Short Stay Rules prior to the addition of additional beds. A motion to accept this recommendation by the TAC was made by Dr. Sexson, seconded by Mary Lou Rahn.

Planning area maps

- Further discussion is needed by the TAC to determine which map would be most appropriate.

(B) Least costly alternative

- TAC is in agreement with current standard

(C) Project can be adequately financed and is financially feasible

- No agreement has been reached with regard to this standard

(D) Effects of new institutional health services on payors

- Submission of proposed charges – Members recommended that this standard be deleted.
- How the facility will handle self pay - TAC is in agreement with current standards

(E) Costs and methods of construction project are reasonable and adequate for quality health care

- Minimum bed size – TAC members recommended a change of the minimum bed size of general hospitals to 8 beds; freestanding and extended care were agreed upon at 50 beds and 8 beds respectively
- Rationalization for construction versus conversion - TAC is in agreement with this current standard.

(F) Service is reasonably financially and physically accessible to the residents of the proposed service area

- TAC is in agreement with current standards; Applicants are required to make a 3% service-specific and a 3% facility-wide commitment.

(G) Positive relationship to the existing behavioral health care delivery system

- Department staff indicated that we may need to add a more stringent measure to ensure that providers follow through on accreditation requirements, including a timeline by which certain requirements are met. (i.e. must become accredited by CARF/JCAHO within 24 months of application).
- Members noted that JCAHO accredits acute behavioral health facilities; extended care facilities are accredited by CARF/JCAHO and Council on Accreditation (COA).

PUBLIC COMMENTS

Based on the sign in sheet no one indicated that they would like to provide public comment.

REVIEW OF NEXT STEPS IN PLANNING PROCESS

Stephanie Taylor indicated that draft minutes will be prepared and provided to members in advance of the meeting, excluding the need methodology. The Data Subcommittee will develop a survey tool. Department staff would use this tool to survey members.

UPCOMING MEETING DATES

The next meeting is scheduled for Friday, March 3rd at 10:00 at 2 Peachtree Street, Atlanta.

ADJOURNMENT

There being no further business, the meeting adjourned at 12:50 pm. Minutes taken on behalf of Chair by Brigitte Maddox and Stephanie Taylor.

Respectfully Submitted,

Clay Campbell, Chair